

County: Waukesha  
 LINDEN GROVE - MENOMONEE FALLS  
 W180 N8071 TOWN HALL ROAD

Facility ID: 5230

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MENOMONEE FALLS 53051 Phone: (262) 253-2700

Owned by: Linden Grove - Menomonee Falls, Inc.  
 Operated from 1/1 To 12/31 Days of Operation: 365

Operate in Conjunction with Hospital? No

Number of Beds Set Up and Staffed (12/31/02): 135

Total Licensed Bed Capacity (12/31/02): 135

Number of Residents on 12/31/02: 120

Ownership:

Highest Level License:

Operate in Conjunction with CBRF?

Title 18 (Medicare) Certified?

Title 19 (Medicaid) Certified?

Average Daily Census:

Non-Profit Corporation

Skilled

No

Yes

Yes

121

Services Provided to Non-Residents			Age, Sex, and Primary Diagnosis of Residents (12/31/02)				Length of Stay (12/31/02)		%
			Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		
Home Health Care	No						1 - 4 Years		50.0
Supp. Home Care-Personal Care	No						More Than 4 Years		36.7
Supp. Home Care-Household Services	No		Developmental Disabilities	0.0	Under 65	0.8			13.3
Day Services	No		Mental Illness (Org./Psy)	23.3	65 - 74	10.0			-----
Respite Care	No		Mental Illness (Other)	1.7	75 - 84	31.7			100.0
Adult Day Care	No		Alcohol & Other Drug Abuse	0.0	85 - 94	50.0	*****		
Adult Day Health Care	No		Para-, Quadra-, Hemiplegic	0.0	95 & Over	7.5	Full-Time Equivalent		
Congregate Meals	No		Cancer	6.7		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No		Fractures	5.0		100.0	(12/31/02)		
Other Meals	No		Cardiovascular	20.8	65 & Over	99.2	-----		
Transportation	No		Cerebrovascular	5.0		-----	RNs		10.3
Referral Service	No		Diabetes	0.0	Sex	%	LPNs		13.7
Other Services	Yes		Respiratory	6.7		-----	Nursing Assistants,		
Provide Day Programming for			Other Medical Conditions	30.8	Male	25.8	Aides, & Orderlies		
Mentally Ill	No			-----	Female	74.2			
Provide Day Programming for				100.0		-----			
Developmentally Disabled	No					100.0			

#### Method of Reimbursement

			Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care			Total	%
			No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Resi- dents	Of All
Int. Skilled Care	0	0.0	0		0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	30	100.0	328		43	97.7	119		0	0.0	0	46	100.0	190		0	0.0	0	0.0	0	119	99.2
Intermediate	---	---	---		1	2.3	98		0	0.0	0	0	0.0	0		0	0.0	0	0.0	0	1	0.8
Limited Care	---	---	---		0	0.0	0		0	0.0	0	0	0.0	0		0	0.0	0	0.0	0	0	0.0
Personal Care	---	---	---		0	0.0	0		0	0.0	0	0	0.0	0		0	0.0	0	0.0	0	0	0.0
Residential Care	---	---	---		0	0.0	0		0	0.0	0	0	0.0	0		0	0.0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---		0	0.0	0		0	0.0	0	0	0.0	0		0	0.0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0		0	0.0	0		0	0.0	0	0	0.0	0		0	0.0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0		0	0.0	0		0	0.0	0	0	0.0	0		0	0.0	0	0.0	0	0	0.0
Total	30	100.0			44	100.0			0	0.0		46	100.0			0	0.0		0.0		120	100.0

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Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02							
		-----							
				% Needing Assistance of		% Totally		Total	
Percent Admissions from:		Activities of		%		One Or Two Staff		Number of	
Private Home/No Home Health		0.0	Daily Living (ADL)	Independent		76.7		23.3	
Private Home/With Home Health		2.7	Bathing	0.0		23.3		120	
Other Nursing Homes		1.0	Dressing	0.8		80.8		18.3	
Acute Care Hospitals		94.3	Transferring	11.7		75.8		12.5	
Psych. Hosp.-MR/DD Facilities		0.5	Toilet Use	7.5		71.7		20.8	
Rehabilitation Hospitals		0.0	Eating	45.0		43.3		11.7	
Other Locations		1.5	*****						
Total Number of Admissions		402	Continence		% Special Treatments				%
Percent Discharges To:			Indwelling Or External Catheter		8.3		Receiving Respiratory Care		10.8
Private Home/No Home Health		29.8	Occ/Freq. Incontinent of Bladder		46.7		Receiving Tracheostomy Care		0.0
Private Home/With Home Health		19.0	Occ/Freq. Incontinent of Bowel		27.5		Receiving Suctioning		0.0
Other Nursing Homes		2.0					Receiving Ostomy Care		0.8
Acute Care Hospitals		16.6	Mobility				Receiving Tube Feeding		2.5
Psych. Hosp.-MR/DD Facilities		0.0	Physically Restrained		0.0		Receiving Mechanically Altered Diets		27.5
Rehabilitation Hospitals		0.0							
Other Locations		14.1	Skin Care				Other Resident Characteristics		
Deaths		18.5	With Pressure Sores		5.0		Have Advance Directives		84.2
Total Number of Discharges			With Rashes		4.2		Medications		
(Including Deaths)		410					Receiving Psychoactive Drugs		63.3

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Selected Statistics: This Facility Compared to All Similar Milwaukee Metropolitan Area Facilities & Compared to All Facilities

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	This Facility	Ownership: Nonprofit		Bed Size: 100-199		Licensure: Skilled		All Facilities	
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	89.6	85.6	1.05	88.6	1.01	84.2	1.06	85.1	1.05
Current Residents from In-County	72.5	88.1	0.82	85.4	0.85	85.3	0.85	76.6	0.95
Admissions from In-County, Still Residing	10.4	23.6	0.44	18.6	0.56	21.0	0.50	20.3	0.51
Admissions/Average Daily Census	332.2	134.2	2.47	203.0	1.64	153.9	2.16	133.4	2.49
Discharges/Average Daily Census	338.8	140.2	2.42	202.3	1.67	156.0	2.17	135.3	2.50
Discharges To Private Residence/Average Daily Census	165.3	46.8	3.53	76.5	2.16	56.3	2.93	56.6	2.92
Residents Receiving Skilled Care	99.2	90.1	1.10	93.5	1.06	91.6	1.08	86.3	1.15
Residents Aged 65 and Older	99.2	96.3	1.03	93.3	1.06	91.5	1.08	87.7	1.13
Title 19 (Medicaid) Funded Residents	36.7	52.8	0.69	57.0	0.64	60.8	0.60	67.5	0.54
Private Pay Funded Residents	38.3	34.8	1.10	24.7	1.55	23.4	1.64	21.0	1.82
Developmentally Disabled Residents	0.0	0.6	0.00	1.0	0.00	0.8	0.00	7.1	0.00
Mentally Ill Residents	25.0	35.2	0.71	28.5	0.88	32.8	0.76	33.3	0.75
General Medical Service Residents	30.8	23.7	1.30	28.9	1.07	23.3	1.33	20.5	1.50
Impaired ADL (Mean)	52.3	50.5	1.04	50.9	1.03	51.0	1.03	49.3	1.06
Psychological Problems	63.3	54.7	1.16	52.9	1.20	53.9	1.17	54.0	1.17
Nursing Care Required (Mean)	6.4	7.2	0.88	6.8	0.93	7.2	0.88	7.2	0.88